CONTRACTOR O.  3. AVAIDATE TO COMMERTE BLOCKS 12, 17, 23, 24, 8, 30  CANTES ON CONTRACTOR O.  3. AVAIDATE CONTRACTOR O.  3. PROJUCTMENT SOCIOL NUMBER SOCIOL NUMBER 191V1019Q023  4. CONTRACTOR O.  4. PROJUCTMENT SOCIOL NUMBER SOCIOL NUMBER SOCIOL NUMBER SOCIOL NUMBER SOCIOL NUMBER N			NTRACT/ORDER F	EMS	1. REQUISITI	NUMBER	PAGE 1 OF					
7. FOR SOLICITATION NOTIFICATION OF AKO-NAI ELIZABETH  a. Procurement Section AKO-NAI ELIZABETH  a. Procurement Section AKO-NAI ELIZABETH  b. TELEPHONE NUMBER INV. point 1. THE LEPHONE NUMBER INV. p				- , , -,	,	,	5 SOLICITAT	ION NUMBER	6 SOLICITATION ISSUE DATE			
AKO-NAI ELIZABETH    Catio   22-49-40-00	2. CONTRACT NO.			1. 31.	4. ORDER NOMBER							
American Embassy Abidjan  Riviera Golf, BP 730 Abidjan Cidex 03  Cote d'Ivoire    Gerraide Simal Business Simal						calls)	•	LOCAL TIME				
Riviera Goff, BP 730 Abidjan Cidex 03  Cote d'Noire    SERVICE OISABLED VETERAN OWNED   8(A)	9. ISSUED BY		CODE		10. THIS ACC	10. THIS ACQUISITION IS						
Riviera Golf, BP 730 Abidjan Cidex 03  Cote d'Ivoire    MURZONE SMALL BUSINESS   GAMERIA SAMIL BUSINESS     MURZONE SMALL BUSINESS SMALL BUSINESS     MAIOS   SEZ STD:     SERVICE-OISABLED VETERAN OWNED   8(A)     ANAICS   SEZ STD:     SEZ STD:   13b. THIS CONTRACT IS A RATED ORDER     SEZ STD:   13b. THIS CONTRACT IS A RATED ORDER     SEZ STD:   15b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR OFFEROR   CODE   FACILITY CODE   16b. Administered by:     17.4. CONTRACTOR FOR THE MITTANCE IS DIFFERENT AND DUT SUCH ADDRESS IN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ARBIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ARBIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ARBIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ARBIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ARBIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ARBIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ABIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ABIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ABIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ABIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ABIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ABIDAN (DEX 03 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ABIDAN RIVIER AS ADDIANA (NIVERNA COLF, BP 720 ABID	American Em	bassy Abidj	an		<del>-</del>							
HUBZONE SMALL BUSINESS SMALE BUSINESS SMALE BUSINESS   GREYICE-OISABLED VETERAN OWNED   G(A)	Riviera Golf	BP 730 Abid	lian Cidex 03				)K	☐ EMERGING SMA	LL BUSINESS			
DERIVICE-DISABLED VETERAN OWNED			ijan Oldox oo									
NAICS SIZE STD.    11. DELIVERY FOR FOB   12. DISCOUNT   13b. THIS CONTRACT IS A RATEO ORDER   13b. RATING     SEE SCHEDULE   13b. RATING   13b. RATING     SEE SCHEDULE   15b. RATING   13b. RATING   15b. RATING     SEE SCHEDULE   15b. RATING   15b. RATING   15b. RATING   15b. RATING     17.a. CONTRACTOROFFEROR CODE   16b. Administrated by.     17.a. CONTRACTOROFFEROR CODE   FAGILITY CODE   16b. Administrated by.     17.a. CONTRACTOROFFEROR CODE   FAGILITY CODE   15b. Administrated by.     18. SUBMITTINVOICES TO ADDRESS SHOWN IN BLOCK IBB UNLESS BLOCK BELOW IS CHECKED   SEE ADDENDUM     19. SCHEDULE OF SUPPLIES/SERVICES   QUANTITY   UNIT   UNIT PRICE   AMOUNT     18. SUBMITTINVOICES TO ADDRESS SHOWN IN BLOCK IBB UNLESS BLOCK BELOW IS CHECKED   SEE ADDENDUM     19. SCHEDULE OF SUPPLIES/SERVICES   QUANTITY   UNIT   UNIT PRICE   AMOUNT     18. SUBMITTINVOICES TO ADDRESS SHOWN IN BLOCK IBB UNLESS BLOCK IBB U	2010 4 110110											
SIZE STD.					SERVICE-DISABLED VETERAN OWNED 8(A)							
13a. THIS CONTRACT IS A RATED ORDER   13a. THIS CONTRACT IS A RATED ORDER   15b. RATING   15b. RAT												
SEE SCHEDULE   14. METHOD OF SOLICITATION   RFO   FFB   RFP     15. DELIVER TO:   16. Administered by:   18. PAYMENT WILL BE MADE BY ARRENCIA EMBASSY ABDLAN RIVERRA OCIE, F9 730 ABDLAN CIDEX 03 Abdigment Morroccosis state, gov   18. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN   18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECKED   SEE ADDENDUM   SECONDARY ADDRESS OF SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECKED   SEE ADDENDUM   SECONDARY ADDRESS OF SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECKED   SEE ADDENDUM   SECONDARY ADDRESS OF SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECKED   SEE ADDENDUM   SECONDARY ADDRESS OF SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECKED   SEE ADDENDUM   SECONDARY ADDRESS OF SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECKED   SEE ADDENDUM   SECONDARY ADDRESS OF SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECKED   SEE ADDENDUM   SECONDARY ADDRESS OF ADDENDUM   SECONDARY ADDRESS OF ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECKED   SECONDARY ADDRESS OF ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELLOW IS CHECKED   SECONDARY ADDRESS OF ADDRESS	11. DELIVERY FOR	FOB		12. DISCOUNT		S CONTRACT I	S A RATED OR	DER				
11.4. METHOD OF SOLICITATION    Transcription   Transcription	_		IARKED		13b. RATING	3						
RFO   IFB   RFP	☐ SEE SCHEDUL	E			44 14571105	05 001 10174	FIGN					
17.a. CONTRACTOR/OFFEROR GODE												
TELEPHONE NO:    AMERICAN EMBASSY ABIDIAN RIVIERRA GOLF, BP 730 ABIDIAN CIDEX 03 AMERICAN EMBASSY ABIDIAN RIVIERRA GOLF, BP 730 ABIDIAN CIDEX 03 AMERICAN EMBASSY ABIDIAN RIVIERRA GOLF, BP 730 ABIDIAN CIDEX 03 AMERICA CIDEX 04 AMERICA CIDEX 05 ADITE SIGNED   SEE ADDENDUM   SCHECKED   SEE ADDENDUM   SEE ADDENDUM   SCHECKED   SEE ADDENDUM   SCHECKED   SEE ADDENDUM   SCHECKED   SCHEC	15. DELIVER TO:		Code _		16. Administ	ered by:						
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AMERICAN EMBASSY ABIDIAN RIVIERRA GOLF, BP 730 ABIDIAN CIDEX 03 AbdignFM0invoices@state_gov  TELEPHONE NO:    17-0 CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN SEFER DEPORT OF THE MEMORY	17.a. CONTRACTO	R/OFFEROR C	ODE FACILITY	CODE	18a. PAYMENT WILL BE MADE BY							
TELEPHONE NO:    The Check if Remittance is different and put such address in   18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED   SEE ADDENDUM   19.   20.   21.   22.   23.   24.   24.   25.   25.   25.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.   26.					AMERICAN EMBASSY ABIDJAN							
TELEPHONE NO:    17th CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN   18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS OFFER   20.   21.   22.   23.   24.   24.   24.   25.   25.   26.   26.   26.   26.   27.   27.   28.   28.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.												
177b CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER   18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED   SEE ADDENDUM   19.   20.   21.   22.   23.   24.   24.   27.   25.   27.   27.   27.   28.   28.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.   29.	TELEPHONE NO:											
19. SCHEDULE OF SUPPLIES/SERVICES 21. 22. 23. 24. AMOUNT  Reagents for the Diagnostics of Sexually Transmitted 1 all  (Use Reverse and/or Attach Additional Sheets as Necessary)  25. ACCOUNTING AND APPROPRIATION DATA  26. TOTAL AWARD AMOUNT (For Govt. Use Only)  27a.SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA APPROPRIATION INCORPORATES BY REFERENCE FAR 92.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA APPROPRIATION INCORPORATES BY REFERENCE FAR 92.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA APPROPRIATION INCORPORATES BY REFERENCE FAR 92.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA APPROPRIATION APPROPRIATION INCORPORATES BY REFERENCE FAR 92.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA APPROPRIATION APPROPRIATION INCORPORATES BY REFERENCE FAR 92.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA APPROPRIATION APPROPRIATION INCORPORATES BY REFERENCE FAR 92.212-6. FAR 52.212-5 IS ATTACHED. ADDENDA APPROPRIATION APPROPRIATION AND RETURN DATE ARE SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONS OF CHANGES WHICH ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:  30a. SIGNATURE OF OFFERORICONTRACTOR  31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)  30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)  30c. DATE SIGNED  31b. NAME OF CONTRACTING OFFICER (Type or Print)  31c. DATE SIGNED	□17b CHECK IF R	EMITTANCE IS D	IFFERENT AND PUT SUCH	I ADDRESS IN	18b SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a LINI ESS							
ITEM NO. SCHEDULE OF SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT  Reagents for the Diagnostics of Sexually Transmitted 1 all  (Use Reverse and/or Attach Additional Sheets as Necessary)  25. ACCOUNTING AND APPROPRIATION DATA  26. TOTAL AWARD AMOUNT (For Govt. Use Only)  27a.SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED.  27b.CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.  28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.  30a. SIGNATURE OF OFFEROR/CONTRACTOR  31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)						<u> </u>						
Reagents for the Diagnostics of Sexually Transmitted Infections  (Use Reverse and/or Attach Additional Sheets as Necessary)  25. ACCOUNTING AND APPROPRIATION DATA  26. TOTAL AWARD AMOUNT (For Govt. Use Only)  27. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED.  27. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.  27. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.  28. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.  29. AWARD ADDENDA ARE OF CONTRACT. REF.  OFFER DATED  YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:  HEREIN.  30a. SIGNATURE OF OFFEROR/CONTRACTOR  31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)  31b. NAME OF CONTRACTING OFFICER (Type or Print)  31c. DATE SIGNED												
Infections	ITEM NO.						_	AMOUNT				
(Use Reverse and/or Attach Additional Sheets as Necessary)  25. ACCOUNTING AND APPROPRIATION DATA  26. TOTAL AWARD AMOUNT (For Govt. Use Only)  X 27a.SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED.  27b.CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.  28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED  30a. SIGNATURE OF OFFEROR/CONTRACTOR  31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)  30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)  30c. DATE SIGNED  31b. NAME OF CONTRACTING OFFICER (Type or Print)  31c. DATE SIGNED			r the Diagnostics of S	exually I ransm	nitted	1	all					
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	30a. SIGNATURE (	JF OFFEROR/CO	NIRACIOR		31	a. UNITED STA	ALES OF AMER	CA (SIGNATURE OF	CUNTRACTING OFFICER)			
	30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT) 30c. DATE SIGNI			ED 31	31b. NAME OF CONTRACTING OFFICER (Type or Print) 31c. DATE SIGNE							

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES					21. QUANTITY					24. AMOUNT	
32a. QUANTITY	IN COLU	JMN 21 HAS BEEN										
☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:												
32b. SIGNATURE OF AUTHORIZED GOVERNMENT 32c. DATE REPRESENTATIVE						32d. PRINTED NAI REPRESENT		LE OF	AUTHORIZED (	GOVE	RNMENT	
REFRESEN					KLFKLJLINI	ATIVL						
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE						
						32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE						
33. SHIP NUMBER 34. VOUCHER NUMBER 35. AMOUNT VERIFIED						36. PAYMENT				3:	7. CHECK NUMBER	
			CORRECT FOR									
PARTIAL	FINAL					COMPLETE	☐ PARTIA	AL [	] FINAL			
38. S/R ACCOUNT NO. 39. S/R VOUCHER NO. 40. PAID BY									1			
41.a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT 42a. RECEIVED BY (PRINT)												
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41C. DATE					42b. RECEIVED AT (Location)							
						·						
					42c. D/	ATE REC'D (YY/MM/[	DD)		42d. TOTAL CON	NTAINE	RS	